PTO/SB/DE (08-03)

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U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FFF DETERMENTATION of information unless it displays if valid OMB

	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875											Appliant of Dorad Number		
_	CLAIMS AS FILED - PART   (Column 1) (Column 2)								SMALL ENTITY			ОТН	ER THAN LL ENTITY	
BAS	FOR SIC FEE		NUMBER SILED			NUMBER EXTRA			RATE	FEE		RATE	FEE	
TOT	CFR 1.16(a)) AL CLAIMS		9							s	ÓR		s	
(37)	CFR 1.16(c)) EPENDENT CL	1715	minus 20 =			•			x s		OR		<del> </del>	
(37 (	CFR 1.18(b))	CIMIS	<u> </u>	3 minus 3 =				7	x \$ =		7		<del> </del>	
MUL	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								+5	1	→ OR	X \$=	<del> </del>	
- 80	" If the difference in column 1 is less than zero, enter "O" in column 2.								TOTAL		OR	+5=	<del> </del> -	
	CLAIMS AS AMENDED - PART II								TOTAL	<b>L</b>	OR	TOTAL	<u> </u>	
7	719V (Column 1) (Column 2) (Column 3)  CLAMS HIGHEST								SMALL	ENTITY	OR		R THAN ENTITY	
AMENDMENT	Total (3/ CFR 1.1G(c))	AF	AINING TER DMENT	Minus	PRE	MBER VIOUSLY DFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
밁	Independent	+		Minus			<u></u>		x s=		OR	X \$=		
割	(37 CFR 1.16(b))	<u> </u>			10	1	<u>Y</u>	11	x s=		OR	x s =		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								+ \$=		OR	+5 =		
	1-17								TOTAL ADD'L FEE		OR	TOTAL		
4	Column 1) (Column 2) (Column 3)										J ~	ADD'L FEE	L	
MEN	Total 37 CFR (.15(c)) ndepondent 37 CFR (.15(b))	CLA REMAI AFT AMEDIO	INING ER IMENT	Minus Minus	HIG NUM PREV PAKE	HEST MBER HOUSLY D FOR	PRESENT EXTRA	-	RATE  K \$ =	ADDI- TIONAL FEB	OR OR	X S =	ADDI- TIONAL FEE	
)	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1. (8(d))								+ s=/		OR	+s =		
	(Column 1) (Column 2) (Column 3)								OTAL DO'L FEE		OR	TOTAL ADD'L FEE		
AMENDMENT C	Yolai	CLAIN REMAIN AFTE AMENDA	VING ER MENT		HIGH NUM PREVK PAID	EST BER DUSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
<u> </u>	CFR 1.16(c))		^	dinus	••		2	T <sub>x</sub>	s_ =				FEE	
	dependent (CFR 1,15(b))	<u> </u>	N	linus	***		-	×			OR	X 5=		
₹ <sub>F#</sub>	PRST PRESENTATION OF MARTIPLE DEPENDENT CLAIM (37 CFR 1.15(d))								s =		OR OR	X \$= + \$=		
*** (1 1)	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Totat or Independent) is the highest number (ound in the encognition of information of informa													

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiatify is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.